

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	6/21/99
FORMALITY REVIEW	GW	64934	62899

INDEX OF CLAIMS

R ..... Rejected      N ..... Non-elected  
 A ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
1	4/20/97
2	8/2/97
3	11/11/97
4	11/11/97
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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